



In re Application of:

ATSUSHI NAKAMURA ET AL.

Application No.: 09/490,448

Filed: January 24, 2000

For: INFORMATION PROCESSING APPARATUS AND  
METHOD THAT UTILIZES STORED INFORMATION  
ABOUT A MOUNTABLE DEVICE (as amended)

Docket No. 00862.021795

Examiner: K.T. Huynh

Art Unit: 2189

RECEIVED

JUL 15 2003

Technology Center 2100

Date: July 7, 2003

**Mail Stop Non-Fee Amendment**  
COMMISSIONER FOR PATENTS  
P.B. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Supplemental Information Disclosure Statement in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                |                   |
|--|--|-------|--|-------------------------|----------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | *<br>21  | MINUS | **<br>41                                     | =<br>0                  | x \$9<br>\$18  | \$ 0              |
| INDEP.<br>CLAIMS                               | *<br>8   | MINUS | ***<br>14                                    | =<br>0                  | x \$42<br>\$84 | \$ 0              |
| Fee for Multiple Dependent claims \$140°/\$280 |  |       |  |                         |                | \$ 0              |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                | \$ 0              |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$\_\_\_\_\_ is enclosed.

Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

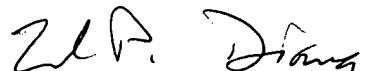
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_\_-month extension is enclosed.

A check in the amount of \$ 180.00 to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicants

Registration No. 28,96

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